

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Interim Executive Director*

### Podiatrist Inactive License Renewal

Your podiatrist license in the state of Indiana expires on June 30, 2015. To renew your license to an inactive status send this form with the renewal fee of \$50 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after June 30, 2015 you must include a \$50 late fee. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form. You cannot hold a CSR on inactive status.

#### LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

#### QUESTIONS

1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	YES NO
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	YES NO
4. Since you last renewed, have you had a malpractice judgment against you or settled a malpractice action?	YES NO
5. Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or have you resigned in Lieu of discipline or termination?	YES NO

#### LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that I (1) do not maintain an office for the practice of podiatric medicine and (2) that I do not charge for any podiatric medical services that I might render, understand the Board of Podiatric Medicine statutes and rules and have answered the questions true to the best of my knowledge.

Signature of Licensee	Date (month, day, year)
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Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Board of Podiatric Medicine please email [pla3@pla.in.gov](mailto:pla3@pla.in.gov) or call 317-234-2060.

#### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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